

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554**

In the Matter of)	
)	
Promoting Telehealth for Low-Income Consumers)	WC Docket No. 18-213
)	

REPLY COMMENTS OF CENTURYLINK

The record reflects broad support for the Commission’s proposal for a limited Connected Care Pilot program for rural telehealth support within the Universal Service Fund. The Notice of Proposed Rulemaking sought comment on a three-year, \$100 million pilot to examine how telehealth policies could improve access to medical care, save medical costs and improve health outcomes. Telehealth offers the most promise for Americans who face ongoing health conditions – such as diabetes management, pediatric heart disease, high-risk pregnancy, and cancer – by helping eligible health care providers to offset the costs of bandwidth service necessary for providing connected care services directly to qualifying medical patients.¹

CenturyLink joins a very broad array of other parties in their supporting the Commission’s proposal to explore the potential for accelerating deployment of telehealth technology while giving priority to rural and tribal areas, veterans, and low-income patients.² The Commission can use information and experience from the pilot to help inform future policy on whether and how to use USF support. Ultimately, it could help the Commission better understand what constrains deployment and adoption of connected care services, and would help

¹ *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, FCC 19-64 (rel. July 11, 2019) (“NPRM”) at ¶¶ 3, 9-10, 61. Comments were filed August 29, 2019.

² NPRM at ¶¶ 56-61.

it assess whether to develop a new program, use other policy tools, or modify existing USF health care-related programs.³ The Commission could consider addressing lessons from the pilot as part of a broader reform of the existing Universal Service Fund rural health care support programs.

To ensure cost-efficiency and align with broadband investment policy, the Commission should direct support to actual costs of broadband used for connected care services, without duplicating support or undermining existing infrastructure investment, especially in rural areas. CenturyLink supports ACA's call to prevent this support being misdirected to new deployment of broadband facilities to locations already served by a broadband provider.⁴ The Commission should aim for cost efficiency and should not subsidize overbuilds that undermine network investment in rural areas. Further, to try to ensure cost-effective policy, the Commission should include a per-patient funding cap, require competitive bidding and selection of the most cost-effective service, and consider a lower discount for healthcare providers than the 85% allowance suggested in the NPRM.⁵ CenturyLink also agrees with NCTA that administrative and program outreach expenses should not be eligible.⁶ Such costs are ineligible under the Rural Health Care and the Healthcare Connect Fund today, and were ineligible under the Commission's earlier Rural Health Care Pilot program.

Most importantly, CenturyLink agrees with USTelecom and others that, in developing the pilot, the Commission should minimize administrative costs and complexity, for participating

³ Comments of Verizon at 3.

⁴ Comments of ACA at 1-2.

⁵ NPRM at ¶¶ 31, 66.

⁶ Comments of NCTA at 2-3.

health care providers and particularly for service providers.⁷ The pilot should not be structured like the existing Rural Health Care and Lifeline programs, which presume a direct relationship between service provider and beneficiary. In the pilot, support should be disbursed directly to the health care provider; the Commission should not deliver support to service provider and have it credit the amounts to the healthcare provider. The NPRM's proposal would unwisely place service providers in that unnatural, "middleman" role, and it would compel them to hurriedly develop new billing and compliance processes for a temporary program with few customers, imposing pointless costs and likely discouraging some service providers from participating. Additionally, as Verizon explained, the service provider's customer is often an intermediate connected care provider or monitoring service, not the healthcare provider,⁸ much less the patient, about whose treatment and treatment duration the service provider can have no knowledge.

Likewise, any cost allocation that may be necessary should be the responsibility of the healthcare provider, not the service provider.⁹ Only the healthcare provider would have the information about the use of the service and the mix of eligible and ineligible uses, needed to allocate the costs of the broadband service.

The Commission should ensure it secures information sufficient to learn from the pilot experiences and inform future Commission policy.¹⁰ However, healthcare providers, not service providers, hold the information that is key to Commission assessment of the pilot, such as

⁷ Comments of USTelecom at 2-3.

⁸ Verizon at 4-5.

⁹ *Id.* at 5.

¹⁰ USTelecom at 3; Verizon at 4.

reporting on how broadband services were used, what and how telehealth services were delivered to patients, what types of patients were involved, whether patients previously lacked broadband service, any potential medical cost savings, and the degrees to which patients benefited medically.

Telehealth services, enabled by broadband services, hold potential to improve lives, reduce medical costs, and address the digital divide. As a technology leader in broadband services, CenturyLink appreciates how connectivity enhances productivity and quality of life. The Telehealth Pilot, managed carefully, can provide meaningful lessons to inform an update of the Commission's Rural Health Care program policies.

Respectfully submitted,

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September 30, 2019